

Michael Shepard Building Commissioner 730-2100

TOWN of BROOKLINE

Massachusetts

BUILDING DEPARTMENT

APPLICATION FOR CERTIFICATE OF INSPECTION

Date

\$100

IN ACCORDANCE WITH THE PROVISIONS OF THE	MASSACHUSETTS STATE BUILDING
CODE, SECTION 106.5, I HEREBY APPLY FOR A CE	RTIFICATE OF INSPECTION FOR THE
BELOW NAMED PREMISES LOCATED AT THE FOLI	LOWING ADDRESS
LOCATION	

USE OF PREMISES			
NAME OF PREMISE			
CERTIFICATE TO BE ISSUED TO	(persons name)	Telephone	
ADDRESS			
OWNER OF RECORD OF BUILDING		Telephone	
ADDRESS			
NAME OF PRESENT HOLDER OF CERTIFIC	CATE		
NAME OF AGENT, IF ANY		Telephone	
SIGNATURE OF PERSON TO WHOM CERTI	FICATE IS ISSUED OR HIS	S AUTHORIZED AGENT	
LICENSE(S) OR PERMIT(S) REQUIRED FOR	THE PREMISES BY OTHE	ER GOVERNMENT	
AGENCIES:			

INSTRUCTIONS:

APPLICATION FORM WITH ACCOMPANYING FEE MUST BE SUBMITTED FOR EACH BUILDING OR STRUCTURE OR PART THEREOF TO BE CERTIFIED. APPLICATION AND FEE MUST BE RECEIVED BEFORE THE CERTIFICATE WILL BE ISSUED. THE BUILDING OFFICIAL SHALL BE NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGE IN THE ABOVE INFORMATION.

FEE \$ 100 RECEIPT#

CERTIFICATE#

ISSUED